

19 July 2005

Commissioner  
Health Workforce Study  
Productivity Commission  
PO Box 80  
Belconnen ACT 2616

Dear Mr Woods and Mr Fitzgerald

**Re: Health Workforce Study**

Thank you for inviting the Royal College of Pathologists of Australasia (the College) to provide a submission for the Productivity Commission's Health Workforce Study. This submission has taken into account details in the Issues Paper published by the Productivity Commission in May 2005, and it supplements information provided by the College prior to the release of the Issues Paper (attached).

**Pathology Workforce Crisis**

The College was alarmed to read in the Issues Paper (p14) that the pathology workforce is considered to be maldistributed rather than experiencing a shortage. This contradicts the Australian Medical Workforce Advisory Committee (AMWAC) report published in 2003, which recommended that an *additional 100 registrar positions needed to be created per year* in order to address the current shortfall of pathologists. Considering there are only 270 pathology Trainees in Australia this is huge. The most recent AMWAC annual report reiterated concerns regarding the serious shortage of pathologists, and it is well recognised that this shortage is in fact an international issue. Whilst a maldistribution of workforce was also noted in the AMWAC report, this issue was not accorded the same urgency as the shortage, for which immediate actions were recommended. It is of concern that such a misleading statement has been made in the Issues Paper, and we urge the Productivity Commission to rectify this clearly in subsequent reports made for this Health Workforce Study. Further the College is very concerned that to date only 22 new positions have been created on an ongoing basis. The delay is purely a funding one as the College has identified some 120 positions in both the public and private sectors that would be immediately available otherwise. It should be noted that the College accredits laboratories for training, it does not control the number of training positions a laboratory has. Further, there are large numbers of trainees wanting to do Pathology, but no training jobs available. Urgent action is required by State and Territory Governments.

**Support for Training in Private Sector**

We remain committed to working with jurisdictions to develop training positions across both the public and private sectors in order to address the current shortage of pathologists. Pathology leads the way for specialty training in the private sector. The College currently administers 10 positions in the private sector established through funding from the Commonwealth Government via the Pathology Memorandum of Understanding. There are 20 other positions operating in the private sector in addition to the Commonwealth funded ones. The College is seeking funding from the Commonwealth for an additional 40 training position for the private sector.

## **Work Substitution**

The College considers that strengthening the medical workforce, rather than focusing on the redistribution of responsibilities to other occupational groups, will offer the best quality health care to Australians. The place for workforce substitution is acknowledged, and is not a new concept; pathologists have been early innovators in devolving tasks to non medical staff over many years, with medical scientists and technologists playing a pivotal role in the delivery of pathology services. There is a limit, however, to the roles that can be transferred without risking compromise to patient safety and quality of care. It must also be recognised that proposed alternative workforces may themselves have inadequate manpower to undertake new roles. The College is acutely aware of a serious shortage of medical scientists as well as pathologists (see separate submission from combined Pathology Associations).

The College considers in most areas of pathology that workforce substitution has gone as far as it can at present, with one exception. The College and the National Pathology Accreditation Advisory Council (NPAAC) support medical scientists performing simple surgical cut-up of specimens. Such work substitution occurs in some laboratories, but could be extended. It has been suggested that scientists could be trained by universities to do “cut-up”.

An area of substitution the College does not support is scientists performing simple histopathology reporting, as this raises significant quality and indemnity issues. This is particularly the case because of the difficulty determining which cases are “simple” – for example, a skin lesion may appear simple, but misdiagnosis could have serious consequences for the patient. Pathologists undertake 5 years of specialist training in order to be able to diagnose these conditions.

## **Impact of New Technology on Pathology**

The effects of changes in diagnostic technology on pathology practice are variable. Whilst some advances may facilitate the transfer of additional tasks to other occupational groups (assuming the requisite manpower is available), high quality medical input by specialised pathologists remains essential for the performance and interpretation of tests across all disciplines and technological advances may actually increase the requirement for pathologists. For example, whereas breast cancer was once diagnosed using several slides, an anatomical pathologist may now review more than 50 slides in order to make a comprehensive diagnosis that will enable the patient to be given appropriately tailored treatment. This level of examination is now considered fundamental by patients and clinicians, and there are obvious consequences for pathology workforce requirements.

Other technological advances continue to create a range of alternative opportunities for enhancing support for the health workforce and improving patient care. Telepathology, networked laboratories, and virtual supervision are all examples of initiatives that are already assisting in the provision of pathology services to communities throughout Australia. The College would be keen to work with the Government to further explore and develop these opportunities.

## **Health Workforce Education**

The College concurs with the Productivity Commission's view that there is a lack of coordination between aspects of education and health services delivery. One result of this is the diminishing level of pathology now included in medical school curricula. Pathology content has declined over a number of years as new areas of study are introduced, and although the importance of communication and other skills is well recognised, these do not replace the need for a strong scientific knowledge base.

Moreover, whilst there may be merit in considering competence rather than time as a measure of training adequacy, the primary focus must remain on comprehensive and rigorous evaluation of trainees. This is crucial to ensure that skills and knowledge are of an appropriate standard to maintain quality care. One has only to look at recent examples in the media of overseas trained doctors who would not have met specialist college standards subsequently failing to meet the standards of care expected by the Australian community.

Similarly, in considering whether vocational training should be undertaken by bodies other than the specialist colleges, maintaining quality standards should be considered paramount. This relates not merely to the final outcome in terms of skills and knowledge acquired, but also to the trainee's experience during the training period. There is anecdotal evidence, for example, of significant problems that have resulted from enabling training of general practitioners to be undertaken by a range of bodies other than the Royal Australian College of General Practitioners.

## **Health Workforce Planning**

The College considers Health Workforce Planning could be done more effectively in Australia. There are problems with the Commonwealth States interface from a funding perspective. This has been very apparent to the College while lobbying for funding of 100 registrar positions. State and Territory Governments expect the Commonwealth to pay, and vice versa. Further, the lack of workforce planning for the Medical Scientists and Technologists is a major problem. This effectively means any integrative planning for the profession of pathology as a whole is impossible. While the College supports the principles of the National Health Workforce Strategic Framework, it does not go far enough to address these issues.

I trust these comments are of assistance and I look forward to seeing the final report.

Yours sincerely



Dr Debra Graves  
**Chief Executive Officer**